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FAX TRANSMISSION COVER SHEET**Date:** November 26, 2007**To:** US Patent and Trademark Office**Phone:**
Fax: 571-273-8300**From:** Bruce H. Cottrell
LC/IP**Phone:** (505) 667-9168
Fax: (505) 665-4424**Re:** 10/616,479
S-100,631
Thomas M. McCleskey**Sender:** Marcie A. Archuleta

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Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

Response/Amendment (8 pages)
Fee Transmittal (1 page)

Fee Payments Authorized: \$525

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Rev. 02/02/06

FEE TRANSMITTAL For FY 2007 <small>Patent fees are subject to annual revision</small>		Complete if Known																																																																																																																																									
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/649,429																																																																																																																																									
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		First Named Inventor: Thomas M. McCleskey																																																																																																																																									
		Examiner Name: Tae H. Yoon																																																																																																																																									
		Group/Art Unit: 1714																																																																																																																																									
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																									
1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>2051</td> <td>Surcharge - late filing fee or oath</td> <td style="text-align: right;">\$130</td> </tr> <tr> <td>1052</td> <td>2052</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>1812</td> <td>2520</td> <td>For filing a request for reexamination</td> <td style="text-align: right;">\$1812</td> </tr> <tr> <td>1251</td> <td>2251</td> <td>Extension for reply within first month</td> <td style="text-align: right;">\$120</td> </tr> <tr> <td>1252</td> <td>2252</td> <td>Extension for reply within second month</td> <td style="text-align: right;">\$460</td> </tr> <tr> <td>1253</td> <td>2253</td> <td>Extension for reply within third month</td> <td style="text-align: right;">\$1050</td> </tr> <tr> <td>1254</td> <td>2254</td> <td>Extension for reply within fourth month</td> <td style="text-align: right;">\$1640</td> </tr> <tr> <td>1255</td> <td>2255</td> <td>Extension for reply within fifth month</td> <td style="text-align: right;">\$2230</td> </tr> <tr> <td>1401</td> <td>2401</td> <td>Notice of Appeal</td> <td style="text-align: right;">\$510</td> </tr> <tr> <td>1402</td> <td>2402</td> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">\$510</td> </tr> <tr> <td>1403</td> <td>2403</td> <td>Request for oral hearing</td> <td style="text-align: right;">\$1030</td> </tr> <tr> <td>1452</td> <td>2452</td> <td>Petition to revive - unavoidable</td> <td style="text-align: right;">\$510</td> </tr> <tr> <td>1814</td> <td>2814</td> <td>Terminal Disclaimer</td> <td style="text-align: right;">\$110</td> </tr> <tr> <td>1453</td> <td>2453</td> <td>Petition to revive - unintentional</td> <td style="text-align: right;">\$1540</td> </tr> <tr> <td>1480</td> <td>1480</td> <td>Petitions to the Director</td> <td style="text-align: right;">\$130</td> </tr> <tr> <td>1806</td> <td>1806</td> <td>Submission of Information Disclosure Statement</td> <td style="text-align: right;">\$180</td> </tr> <tr> <td>1809</td> <td>2809</td> <td>Filing a submission after final rejection (37 CFR 1.129 (a))</td> <td style="text-align: right;">\$810</td> </tr> <tr> <td>1810</td> <td>2810</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td style="text-align: right;">\$810</td> </tr> <tr> <td>1811</td> <td>1811</td> <td>Certificate of Correction</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td>1504</td> <td>1504</td> <td>Publication fee for early, voluntary, or normal publication/Republication fee</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td>1801</td> <td>2801</td> <td>Request for Continued Examination (RCE)</td> <td style="text-align: right;">\$810</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 10px;">SUBTOTAL (3)</td> <td style="text-align: right; vertical-align: bottom;">\$525</td> </tr> <tr> <td colspan="4" style="padding-top: 5px;"><small>Reduced by Basic Filing Fee Paid</small></td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 10px;">SUBTOTAL FROM 1</td> <td style="text-align: right; vertical-align: bottom;">\$0</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 5px;">SUBTOTAL FROM 2</td> <td style="text-align: right; vertical-align: bottom;">\$0</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 5px;">SUBTOTAL FROM 3</td> <td style="text-align: right; vertical-align: bottom;">\$0</td> </tr> <tr> <td colspan="3" style="text-align: right; padding-top: 10px;">TOTAL AMOUNT OF PAYMENT</td> <td style="text-align: right; vertical-align: bottom;">\$525</td> </tr> <tr> <td colspan="4" style="text-align: center; padding-top: 5px;"><small>(Enter total amount at top of page)</small></td> </tr> <tr> <th colspan="2" style="text-align: center; padding: 5px;">SUBMITTED BY</th> <th colspan="2" style="text-align: center; padding: 5px;">Complete (if applicable)</th> </tr> <tr> <td style="padding: 5px;">Printed Name: Bruce H. Cottrell</td> <td></td> <td style="padding: 5px;">Reg. No. 30,620</td> <td></td> </tr> <tr> <td style="padding: 5px;">Signature: </td> <td style="padding: 5px;">Date: 11/26/07</td> <td style="padding: 5px;">Telephone (505) 667-9168</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Code	Code			1051	2051	Surcharge - late filing fee or oath	\$130	1052	2052	Surcharge - late provisional filing fee or cover sheet	\$50	1812	2520	For filing a request for reexamination	\$1812	1251	2251	Extension for reply within first month	\$120	1252	2252	Extension for reply within second month	\$460	1253	2253	Extension for reply within third month	\$1050	1254	2254	Extension for reply within fourth month	\$1640	1255	2255	Extension for reply within fifth month	\$2230	1401	2401	Notice of Appeal	\$510	1402	2402	Filing a brief in support of an appeal	\$510	1403	2403	Request for oral hearing	\$1030	1452	2452	Petition to revive - unavoidable	\$510	1814	2814	Terminal Disclaimer	\$110	1453	2453	Petition to revive - unintentional	\$1540	1480	1480	Petitions to the Director	\$130	1806	1806	Submission of Information Disclosure Statement	\$180	1809	2809	Filing a submission after final rejection (37 CFR 1.129 (a))	\$810	1810	2810	For each additional invention to be examined (37 CFR 1.129(b))	\$810	1811	1811	Certificate of Correction	\$100	1504	1504	Publication fee for early, voluntary, or normal publication/Republication fee	\$300	1801	2801	Request for Continued Examination (RCE)	\$810	Other fee (specify) _____				SUBTOTAL (3)			\$525	<small>Reduced by Basic Filing Fee Paid</small>				SUBTOTAL FROM 1			\$0	SUBTOTAL FROM 2			\$0	SUBTOTAL FROM 3			\$0	TOTAL AMOUNT OF PAYMENT			\$525	<small>(Enter total amount at top of page)</small>				SUBMITTED BY		Complete (if applicable)		Printed Name: Bruce H. 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